

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34167

State File No.

FILED OCT 20 1943

Registration District No.

Primary Registration District No. 5295

Registrar's No. 31-45

1. PLACE OF DEATH:

(a) County. Clinton Co.
(b) City or town. Plattsburg Mo. Rural Concord
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 66 yrs. years, months or days)

3. (a) PRINT
FULL NAMEMary Virginia Davidson3. (b) If veteran,
name war. None3. (c) Social Security
No. No4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife. of 6. (c) Age of husband or wife if Minor Davidson deceased years7. Birth date of deceased. January 23 1877
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 7 22 hr. min.9. Birthplace. Janesport Missouri
(City, town, or county) (State or foreign country)10. Usual occupation. House Keeper11. Industry or business. None12. Name. Henry Louis Jenkins13. Birthplace. Virginia
(City, town, or county) (State or foreign country)14. Maiden name. Alanda Bruce Virginia15. Birthplace. Virginia
(City, town, or county) (State or foreign country)16. (a) Informant. Mabeline Handley(b) Address. Plattsburg, Missouri17. (a) Burial (b) Date thereof. Sept 16/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation. Ridgely Cemetery18. (a) Signature of funeral director. Devin Davis(b) Address. Dearborn, Missouri19. (a) sept 16th (b) Mr A.C. Harrel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Edgerton, Missouri Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 E 1 SW Edgerton Mo.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1943 hour 4:00 minute A M.21. I hereby certify that I attended the deceased from March 8 1943 to Sept 15 1943
that I last saw him alive on Aug 15 1943
and that death occurred on the date and hour stated above.Immediate cause of death myocarditis Duration 1 yrDue to Pituitary Dystrophie 6 MoDue to mental incompetency 8 MoOther conditions mental incompetency 8 Mo
(Include pregnancy within 3 months of death)Major findings: none Of operations noneOf autopsy none 93d

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 123. Signature W. B. Spalding (M. D. or Ch. D.)Address Plattsburg Mo Date Sept 15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

Lucian Jarvis

Licensed Embalmer No. *4160*

P. O. Address. *Deaton mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.